

**EX-IM BANK PARTICIPANT INFORMATION FORM
FOR USE WITH THE EX-IM BANK
MEDIUM-TERM REPETITIVE BANK-TO-BANK
EXPORT CREDIT INSURANCE POLICY**

In conformance with the requirements under your policy, the information noted below is to be submitted only in relation to those transactions supported under the policy. This form should be submitted on each participant (exporter and or supplier) for each transaction supported under the policy. All forms should be submitted on a quarterly basis beginning three months from the effective date of the policy and include all transactions for which premium has been paid in the respective quarter. Once we receive the completed form, your policy will be endorsed to include the names of the exporters and suppliers you provide us. Please respond to all items and sign the form. Forms not completely filled out will cause delays in providing you with the necessary policy endorsements.

Date: ____/____/____

Policy Number: MTR-_____ Name of Insured: _____

1. Exporter Information

The "exporter" is the entity which contracts with the buyer for the sale of U.S. items and services.

Exporter Name: _____
Phone #: _____ Fax #: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Fiscal year ended (mo. & yr.): _____ Gross sales revenue in last fiscal year: \$ _____
of employees: _____ Standard Industrial Classification Code (SIC) of business: _____

2. Provide a brief description of the product(s) shipped by the exporter and the intended use of the product by the importer named below: _____

Contract amount: _____

3. Importer Information

Importer Name: _____
Address (City, Country): _____
Phone #: _____ or Fax #: _____

4. Supplier Information

If the exporter is not the manufacturer, information under item 1 should be submitted on each supplier as an attachment.

Signature of representative of insured

Print Name and Title

_____/_____/_____
Date